BK: 2020 PG: 936

Recorded: 3/26/2020 at 1:41:05.0 PM

Pages 4

County Recording Fee: \$0.00 Iowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANS	FEROR:			
Name	Kevin E. Butts and Joni L.			
Address	1162 Sunrise Ridge Drive,			
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANS	FEREE:			
Name	Paul E. Imboden and Krist	in D. Imboden		
Address	1475 Elmwood Avenue, E	arlham, IA 50072		
	Number and Street or RR	City, Town or P.O.	State	Zip
	s of Property Transferred: lmwood Avenue, Earlham, IA	A 50072		
N	lumber and Street or RR	City, Town or P.O.	State	Zip
5th P.M.,	t Quarter (¼) of Section Twenty-sev, Madison County, Iowa, containing the Office of the Recorder of Madison	ren (27), Township Seventy-seven (77) North, I 3.302 acres, as shown in Plat of Survey filed in on County, Iowa.	Range Twenty-nine (29) Van Book 3, Page 477 on Au	gust 10,
$ \begin{array}{c} \frac{\mathcal{L}}{-} \\ \mathbf{2. Solid} \\ \frac{\mathcal{L}}{-} \\ \vdots \end{array} $	stated below or set forth on a d Waste Disposal (check or There is no known solid wast There is a solid waste dispos in Attachment #1, attached to	ed on this property. The type(s), local in attached separate sheet, as necessine) te disposal site on this property. all site on this property and information this document.	ary.	
<u>×</u> ;	ardous Wastes (check one) There is no known hazardous There is hazardous waste on Attachment #1, attached to th erground Storage Tanks (cl	s waste on this property. this property and information related his document.	thereto is provided ir	า
<u>×</u> ;	There are no known undergro small farm and residential mo instructions.) There is an underground stor	ound storage tanks on this property. (otor fuel tanks, most heating oil tanks, rage tank on this property. The type(s sted below or on an attached separate	cisterns and septic to, size(s) and any kn	anks, in own

5.	Private Burial Site (check one)
	∴ There are no known private burial sites on this property.
	There is a private burial site on this property. The location(s) of the site(s) and known
	identifying information of the decedent(s) is stated below or on an attached separate sheet, as
	necessary.
6.	Private Sewage Disposal System (check one)
٠.	All buildings on this property are served by a public or semi-public sewage disposal system.
	This transaction does not involve the transfer of any building which has or is required by law to
	have a sewage disposal system.
	 X There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording. There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form. There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
	This property is exempt from the private sewage disposal inspection requirements pursuant to
	the following exemption [Note: for exemption #9 use prior check box]:
	The private sewage disposal system has been installed within the past two years pursuant to
	permit number
Inf	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	V , L DA
Sig	gnature: Telephone No.: <u>(515) 321-3630</u>
-	(Transferor or Agent)



Time of Transfer Inspection Report (DNR Form 542-0191)

To no
Current owner Reus + I Butts Buyer Paul + Kristin Ith Boben Realier Nege
Mailing address 1229 210 St Wind SCENT TH SON 13
"
Site Address/County 1475 Elm wood Ave
Legal Description Some As address 3-b-2020
No. of bedrooms 3 Last occupied? 5/1/1 there. Records available 20
Permit/Installation date Separation distances (ok) no?
Scotic system information found old map
Septic tank(s): size 1000 gollon material Cement condition looks OK at this time. Tank number? 1185 date 3-6-3000 licensed number UES #57455
Sentic/trash/processing tank: size material condition
Tank pumped? date licensed pumper
Acrobic treatment unit (ATU) mfgr 100 size
Acrobic treatment unit (ATU) unfgr 110 size Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition
Pump tanks/veults: type size condition
Distribution system: distribution box 405 Compared Success Success Condition 100K5 & Karl 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
Secondary treatment:
length of absorption fields 36 486 determined by Orole 4 6464
Secondary treatment: length of absorption fields 30 484 occurred by probe 4 day condition of fields looks ox at the time determined by probe 4 day type of trench material can the social
Size of sand filter NO determined by
Vent pines above grade? discharge pipe located?
Effinent sample taken? <u>NO</u> Results
Media filters: type expiration date service provider
Maintenance contract? expiration date service provider
Condition
NPDES General Permit No. 4: required? NOI provided



Time of Transfer Inspection Report

Phlys comments.
Other components:
Alarms 10 Working? - divinfaction 20
disinfection NO working?
Control box 110 Timers inspection ports has river in center
The transfer in center
Other components has rizer in center of tank of tank
18/
Overall condition of the minutes
Overall condition of the private sewage disposal system
n i i i i i i i i i i i i i i i i i i i
Report system status 193 1000 coment 3 company and 1000 coment
Reput system status has 1000 coment acompartment tent has too on enc
Explain (attach additional pages as needed); Center baffle looks ok
3 House A mages as necessary that pattle looks ok
3 Moes to 88 4 Clay file a roll
The state of the s
Comments: Lock 200 Gallon water in 2/2 hours
had Smiths run comere out of house to tank everything
looks oil clean are in his at noise to tank everything
looks of clean and to basement to takk everything
pper
Site status at conclusion of Time of Transfer inspection:
Verify that wandowld non and and and
Verify that controls are set on the appropriate mode.
POWER IS ON WILL COMMUNICATE.
Revisit all commenceds to warifu lide one comme
Gather all tools for removal from the site.
Waster that me and the state of the
Verify that no sewage is on the ground surface.
Using this worksheet, write a narrative upon of the inspection results and attach a site sketch.
the same and and a same sketch.
This report indicates the condition of the private sewage disposal system at the time of
the investigat. It does not make the time private sewage disposal system at the time of
the inspection. It does not guarantee that it will continue to function satisfactorily.
44.5
Signature of Certified inspector: Ollan Olivia Date: 44 5 2000
Name (print): Allen Akere
A SALL CONTRACTOR OF THE SALL CONTRACTOR OF T
Phone # 515-462-1015
- A standard of the standard o
Secretal Constitution of the Constitution of t
Provide a copy of this report, the narrative report and sketch to the seller/sgent, buyer/agent, the
county sanitarian/environmental health office, county Recorder in the county the inspection was
conducted and to;
Francis DNED Classics 33/metroscope N
lowa DNR Onsite Wastewater Program
502 E. 9 th 8t.
Des Moines, IA 50319
•
•

0-2009

342.0191